

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
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TOTAL IND.	7	6	5		
TOTAL DEP.	11	14	12		
TOTAL CLAIMS	18	20	17		

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INC.	DEP.	INC.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		